

**LYNCHBURG PUBLIC LIBRARY  
PATRON REGISTRATION FORM**

Social Security Number: \_ \_ \_ --- \_ \_ --- \_ \_ \_ \_

1. Name: \_\_\_\_\_

2. Street: \_\_\_\_\_

3. City, State, Zip: \_\_\_\_\_

4. Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

5. College Students (**Currently Enrolled**): Circle One

CVCC   LC   LU   R-MWC   SBC   VUL

6. Legal Residence: Circle One (**Proof of residency required**)

City of Lynchburg   Amherst County   Campbell County

Appomattox County   Bedford County   Other

7. Age Range: Circle One

a. 5-12   b. 13-17   c. 18-60   d. 60+

Date of Birth (**if under 18**) \_\_\_\_\_  
Month   Day   Year

8. Sex:   Male   Female

9. If under 12, a parent or guardian's signature is required:

Parent or Guardian: \_\_\_\_\_

10. Permanent Address (if different from above):

Street: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_